Case 17-31374 Doc 1 Filed 10/19/17 Entered 10/19/17 16:27:23 Desc Main Document Page 1 of 62

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Id | lentify Yourself | | | |
|-----|----------------------------|---|--|---|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| 1. | Your fo | ull name | | | |
| | Write th | he name that is on | Charlotte | | |
| | picture | r government-issued ure identification (for mple, your driver's | First name | First name | |
| | license | or passport). | Middle name | Middle name | _ |
| | | our picture | Mitchell | | |
| | | cation to your g with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | _ |
| | | | | | |
| 2. | | er names you have n the last 8 years | | | |
| | | your married or names. | | | |
| 3. | your S numbe Individ | ne last 4 digits of ocial Security er or federal lual Taxpayer ication number | xxx-xx-9010 | | |

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Debtor 1 Charlotte Mitchell

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 8015 Lincoln Ln. Frankfort, IL 60423 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Will County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Debtor 1 Charlotte Mitchell

| ar | Tell the Court About | Your E | Bankruptcy Ca | ise | | | | |
|-----|--|--|--|--|--|--|--|------|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 | | | | | | |
| | choosing to file under | | | | | | | |
| | | □с | hapter 11 | | | | | |
| | | □с | hapter 12 | | | | | |
| | | | Chapter 13 | | | | | |
| 3. | How you will pay the fee | • | about how yo | u may pay. Туր attorney is sub | oically, if you are pay | ying the fee y | ck with the clerk's office in your local court for more deta ourself, you may pay with cash, cashier's check, or mor nalf, your attorney may pay with a credit card or check w | ney |
| | | | | I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals The Filing Fee in Installments (Official Form 103A). | | | | y |
| | | | I request that but is not req applies to you | t my fee be wa uired to, waive ur family size ai | aived (You may requiyour fee, and may dind you are unable to | uest this option to so only if you pay the fee i | on only if you are filing for Chapter 7. By law, a judge ma our income is less than 150% of the official poverty line in installments). If you choose this option, you must fill o icial Form 103B) and file it with your petition. | that |
|). | Have you filed for bankruptcy within the | ■ No | 0. | | | | | |
| | last 8 years? | ☐ Ye | es. | | | | | |
| | | | District | | Wh | en | Case number | |
| | | | District | | Wh | | Case number | |
| | | | District | | Wh | en | Case number | |
| 10. | Are any bankruptcy | ■ No | 0 | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | Wh | en | Case number, if known | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | Wh | en | Case number, if known | |
| 11. | Do you rent your residence? | ■ No | o. Go to I | ine 12. | | | | |
| | | □ Ye | es. Has yo | ur landlord obta | ained an eviction jud | dgment again: | st you and do you want to stay in your residence? | |
| | | | | No. Go to line | 12. | | | |
| | | | | Yes. Fill out Inbankruptcy pe | | ut an Eviction | Judgment Against You (Form 101A) and file it with this | |
| | | | | | | | | |

| Deh | tor 1 | Case 17-3 | | Doc 1 | Filed 10/19/17 Document | Entered 10/19/17 16:27:23 Page 4 of 62 Case number (if known) | Desc Main |
|-----|----------------|--|-----------|----------------------|--|---|-----------|
| | | Report About Any Bu | | You Own as | a Solo Proprietor | Case number (# Mount) | |
| rai | . J. | Report About Arry Bu | 311163363 | I Ou Owii as | a Sole Froprietor | | |
| 12. | of ar | ou a sole proprietor y full- or part-time ness? | □ No. | Go to Pa | rt 4. | | |
| | | | Yes. | Name an | d location of business | | |
| | busir an in | e proprietorship is a ness you operate as dividual, and is not a rate legal entity such | | | est Medical Associat business, if any | es, S.C. | |
| | | corporation, ership, or LLC. | | 30 E. 15 Suite 31 | · · · · · · · · · · · · · · · · · · · | | |
| | , | have more than one | | | o Heights, IL 60411 | | |
| | | proprietorship, use a rate sheet and attach | | Number, | Street, City, State & ZIP | Code | |
| | it to t | his petition. | | Check th | e appropriate box to des | cribe your business: | |

Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))

Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6))

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

> For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

I am not filing under Chapter 11. No.

None of the above

I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No.

I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed. or a building that needs urgent repairs?

No.

☐ Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Charlotte Mitchell

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | tor 1 Charlotte Mitche | II | Document | Page 6 of 62 | mber (if known) |
|------|--|---------------------|--|--|---|
| Pari | 6: Answer These Ques | stions for F | Reporting Purposes | | |
| | What kind of debts do you have? | 16a. | Are your debts primarily consum individual primarily for a personal, to | | defined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ■ No. Go to line 16b. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16b. | Are your debts primarily busines money for a business or investmen | | |
| | | | ☐ No. Go to line 16c. | | |
| | | | Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe that | at are not consumer debts or bus | iness debts |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do you are paid that funds will be available | | property is excluded and administrative expense tors? |
| | administrative expenses are paid that funds will | | ■ No | | |
| | be available for distribution to unsecured creditors? | d | Yes | | |
| 18. | How many Creditors do you estimate that you owe? | 1 -49 | | 1 ,000-5,000 | 2 5,001-50,000 |
| | | □ 50-99 | 9 | ☐ 5001-10,000 | 50,001-100,000 |
| | | ☐ 100- ² | | ☐ 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$ | \$50,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 001 - \$100,000 1,001 - \$500,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | 1,001 - \$300,000 1,001 - \$1 million | □ \$100,000,001 - \$100 million | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$ | | ■ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | to be? | | 001 - \$100,000 0,001 - \$500,000 | □ \$10,000,001 - \$50 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | 1,001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | — • • • • • • • • • • • • • • • • • • • |
| Part | :7: Sign Below | | | | |
| For | you | I have e | xamined this petition, and I declare u | nder penalty of perjury that the in | nformation provided is true and correct. |
| | | | | | ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7. |
| | | | orney represents me and I did not pay nt, I have obtained and read the notice | | s not an attorney to help me fill out this). |
| | | I reques | t relief in accordance with the chapte | r of title 11, United States Code, | specified in this petition. |
| | | bankrup and 357 | tcy case can result in fines up to \$25 | | ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519 |
| | | Charlo | Irlotte Mitchell tte Mitchell re of Debtor 1 | Signature of D | ebtor 2 |
| | | Execute | ed on October 18, 2017 | Executed on | |
| | | | MM / DD / YYYY | | MM / DD / YYYY |

Debtor 1 Charlotte Mitchell Document Page 7 of 62 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Joseph | S. Davidson | Date | October 18, 2017 |
|-----------------|------------------------|---------------|---------------------------|
| Signature of | Attorney for Debtor | | MM / DD / YYYY |
| Joseph S. | Davidson | | |
| Printed name | | | |
| Sulaiman | Law Group, Ltd. | | |
| Firm name | • * | | |
| 2500 S. Hi | ghland Avenue | | |
| Suite 200 | | | |
| Lombard, | IL 60148 | | |
| Number, Street, | City, State & ZIP Code | | |
| Contact phone | 630-575-8181 | Email address | courtinfo@sulaimanlaw.com |
| 6301581 | | | |
| Barnumbar & C | tato | | |

| | | Docume | ent Page 8 of 6 | 2 | |
|---------------------|--------------------------|-------------------|-----------------|---|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Charlotte Mitchel | I | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | • |
|-----|---|--------------|--------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 603,771.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 70,765.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 674,536.00 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities It you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 729,465.52 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 311,402.80 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 243,282.62 |
| | Your total liabilities | \$ | 1,284,150.94 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | -10,018.01 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 7,311.84 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | hedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | , family, or |
| | | | |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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the court with your other schedules.

Debtor 1 Charlotte Mitchell Page 9 of 62
Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | \$ |
|----|--|----|
| | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 277,170.54 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 40,250.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 317,420.54 |

| | Case | 17-31374 | DOCI | | 10/19/1/ | Entered 10/19 | 11/ 10.27 | .23 De | SC IV | iaiii |
|--|--|---------------------|---|--------------------------|--|---|--|---------------------------------|--------|----------------------|
| =:III | in this informati | on to identify you | ur ages and th | | ıment | Page 10 of 62 | | | | |
| ГШ | in this informati | on to identity you | ir case and in | iis iiiiiig | • | | | | | |
| Deb | | Charlotte Mitch | | | | | | | | |
| D = L | • | First Name | Middle | Name | | Last Name | | | | |
| | otor 2 use, if filing) F | First Name | Middle | Name | | Last Name | | | | |
| | | | | | | 1010 | | | | |
| Unit | ed States Bankru | ptcy Court for the: | NORTHER | NDIST | RICT OF ILLIN | IOIS | | | | |
| Cas | e number | | | | | | | | | Check if this is an |
| | | | | | | - | | | | amended filing |
| n ea hink nfor Answ | ch category, separ it fits best. Be as mation. If more spayer every question 1: Describe Eacl | A/B: Pro | ibe items. List a rate as possibl h a separate sh ng, Land, or Ot | e. If two in heet to the | married people is form. On the Estate You Ow | n asset fits in more than o e are filing together, both a e top of any additional pag n or Have an Interest In land, or similar property? | re equally resp | onsible for su | pplyin | g correct |
| 1.1 | 815 Lincoln L | .n. | | What | | ? Check all that apply | Do not dod | | ino or | overetions Dut |
| Street address, if available, or other description | | | Single-family home Duplex or multi-unit building Condominium or cooperative | | | the amoun | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | | |
| | | | | | Manufactured | or mobile home | Current va | lue of the | Curr | ent value of the |
| | Frankfort | IL 60 |)423-0000 | | Land | | entire pro | | | ion you own? |
| | City | State | ZIP Code | | Investment pro | pperty | \$49 | 95,201.00 | | \$495,201.00 |
| | | | | | Timeshare | | | | | nership interest |
| | | | | | Other | | | ee simple, ten e), if known. | ancy b | y the entireties, or |
| | | | | Who I | | in the property? Check one | Fee Sim | • • | | |
| | Will | | | | Debtor 1 only | | 1 66 0111 | pie | | |
| | County | | | | Debtor 2 only | Dahtar O anh | | | | |
| | _ 50, | | | | Debtor 1 and I | Ť | | c if this is com | munity | y property |
| | | | | Other | information yo | the debtors and another ou wish to add about this i | , | , | | |
| | | | | | rty identification | | | | | |
| | | | | PIN: | 09-20-202-0 |)23-0000 | | | | |

Value according to www.zillow.com Held by Mom's Heart Revocable Living Trust owned by Debtor

Official Form 106A/B Schedule A/B: Property page 1 Case 17-31374 Doc 1 Filed 10/19/17 Entered 10/19/17 16:27:23 Desc Main Document Page 11 of 62 Case number (if known)

| Jebio | · · <u>Cr</u> | iariotte Mitchell | | ase number (if known) | |
|-------|---------------------------------------|---------------------------------------|--|---|---------|
| li | f you ow | n or have more than one | , list here: | | |
| .2 | , | | What is the property? Check all that apply | | |
| _ | 01 E. 32 | and St. | ☐ Single-family home | Do not deduct secured claims or exemption | s. Put |
| | pt. 501 | 7 711 4 1 1 1 | Duplex or multi-unit building | the amount of any secured claims on Scheo Creditors Who Have Claims Secured by Pro | |
| 5 | treet addres | s, if available, or other description | Condominium or cooperative | Creditors who have Claims Gecured by Fix | operty. |
| | | | ☐ Manufactured or mobile home | | |
| C | hicago | IL 60616- | 0000 ☐ Land | Current value of the current value entire property? portion you ov | |
| _ | ity | State ZIP C | ode Investment property | \$108,570.00 \$108, | ,570.00 |
| | | | ☐ Timeshare | Describe the nature of your ownership in | |
| | | | Other | (such as fee simple, tenancy by the entir | |
| | | | Who has an interest in the property? Check one | | |
| _ | | | ☐ Debtor 1 only | Fee Simple | |
| _ | cook | | Debtor 2 only | | |
| C | ounty | | Debtor 1 and Debtor 2 only | Check if this is community property | |
| | | | At least one of the debtors and another | (see instructions) | |
| | | | Other information you wish to add about this property identification number: | item, such as local | |
| | | | PIN: 17-34-225-003-1103 | | |
| | | | Value according to www.zillow.com | 1 | |
| | | | value according to www.zinewicon | • | |
| meo | ne else di s, vans, t lo | | le interest in any vehicles, whether they are regist so report it on Schedule G: Executory Contracts and vehicles, motorcycles | | that |
| | 03 | | | | |
| 3.1 | Make: | Mercedes-Benz | Who has an interest in the property? Check one | Do not deduct secured claims or exemption the amount of any secured claims on <i>Sche</i> | |
| | Model: | S430 Sedan 4D | Debtor 1 only | Creditors Who Have Claims Secured by Pr | |
| | Year: | 2002 | Debtor 2 only | Current value of the Current value | of the |
| | Approxima | ate mileage: 140,000 | Debtor 1 and Debtor 2 only | entire property? portion you ov | |
| - | Other info | | At least one of the debtors and another | | |
| | | ccording to | Charlette in a community and a | \$3,280.00 \$3, | ,280.00 |
| | www.na | ada.com | (see instructions) | | |
| | | Toursto | | Do not deduct secured claims or exemption | ns Put |
| 3.2 | Make: | Toyota | Who has an interest in the property? Check one | the amount of any secured claims on Sche | dule D: |
| | Model: | MR2 | Debtor 1 only | Creditors Who Have Claims Secured by Pr | operty. |
| | Year: | 1991 | Debtor 2 only | Current value of the Current value | |
| | Other info | ate mileage: 160,000 | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another | entire property? portion you ov | VII (|
| Γ | | 2SW22N6M0022546 | At least one of the deptots and afformer | | |
| | Style/B | ody: Coupe 2D 2.0L I4 MPI | ☐ Check if this is community property (see instructions) | \$1,900.00 \$1, | ,900.00 |
| | | ccording to | | | |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 | Charlotte Mitchell | Document | Page 12 of 62 Case number | (if known) |
|--|--|------------------------------|---|---|
| | raft, aircraft, motor homes, ATVs | | hicles, other vehicles, and accessories snowmobiles, motorcycle accessories | |
| ■ No | | | | |
| ☐ Yes | | | | |
| | | | | |
| | | | from Part 2, including any entries f | |
| Part 3: D | escribe Your Personal and Househole | d Items | | |
| · | wn or have any legal or equitable | interest in any of the follo | owing items? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | h old goods and furnishings bles: Major appliances, furniture, line | ens, china, kitchenware | | |
| □ No | , | , , | | |
| Yes | . Describe | | | |
| | sofa(s), loves lamps/access | seat(s), coffee table, kite | nwasher, washing machine, | \$1,175.00 |
| | | | | |
| □ No | | | uipment; computers, printers, scanner | s; music collections; electronic devices |
| – 165 | . Describe | | | |
| | Electronics in | ncluding, but not limite | d to: television, dvd player | \$250.00 |
| Examp ■ No | cibles of value bles: Antiques and figurines; painting other collections, memorabilia, | | pooks, pictures, or other art objects; sta | amp, coin, or baseball card collections; |
| | | | | |
| | nent for sports and hobbies bles: Sports, photographic, exercise, musical instruments | and other hobby equipmen | t; bicycles, pool tables, golf clubs, skis | s; canoes and kayaks; carpentry tools; |
| | . Describe | | | |
| 10. Firear <i>Exan</i> ■ No | r ms aples: Pistols, rifles, shotguns, amm | unition, and related equipme | ent | |
| _ | . Describe | | | |
| 11. Cloth | | r coats, designer wear, sho | es, accessories | |
| | . Describe | | | |
| | Clothes | | | \$400.00 |
| | Ciotiles | | | Ψτου.υυ |
| 12. Jewel <i>Exam</i> ■ No | | welry, engagement rings, we | edding rings, heirloom jewelry, watche | s, gems, gold, silver |
| П Уес | Describe | | | |

Page 13 of 62

Case number (if known) **Charlotte Mitchell** 13. Non-farm animals Examples: Dogs, cats, birds, horses ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1.825.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash \$60.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... U.S. Bank, N.A. **Account subject to Citation to Discover** Unknown **Business checking Assets** \$200.00 17.2. Personal checking Bank of America, N.A. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Official Form 106A/B Schedule A/B: Property page 4

Case 17-31374

Debtor 1

Doc 1

Filed 10/19/17

Document

Entered 10/19/17 16:27:23

Desc Main

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Case number (if known) Document Debtor 1 **Charlotte Mitchell** Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ■ No ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because

someone has died.

☐ Yes. Give specific information...

| Debtor 1 | Case 17-31 Charlotte Mitch | | Doc 1 | Filed 10/19/17 Document | Entered 10/19/17 16:27:23 Page 15 of 62 Case number (if known) | Desc Main |
|---------------------------|---|-----------|---------------|--|--|---|
| | Onariotto mito | | | | | |
| Exam _p ■ No | | ployment | | you have filed a lawsui surance claims, or rights | it or made a demand for payment s to sue | |
| 34. Other of | contingent and un | liquidate | ed claims of | every nature, includin | g counterclaims of the debtor and rights to | set off claims |
| ■ No | Describe each clai | - | | | | |
| - | nancial assets you | did not | already list | | | |
| ■ No □ Yes. | Give specific inform | mation | | | | |
| | | • | | , , | ny entries for pages you have attached | \$260.00 |
| Part 5: De | scribe Any Business | -Related | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| | own or have any lega | | | n any business-related p | · | |
| Yes. C | Go to line 38. | | | | | |
| | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | nts receivable or c | ommiss | sions you alr | eady earned | | |
| □ No ■ Yes. | Describe | | | | | |
| | | | | | | |
| | 1 | Northw | est Medica | l Associates, S.C. a | ccounts receivable. | |
| | 1 | Debtor | believes m | uch, if not all, is cur | rently uncollectible. | \$62,500.00 |
| <i>Exam</i> µ □ No | equipment, furnisloles: Business-relate | | | re, modems, printers, co | opiers, fax machines, rugs, telephones, desks | chairs, electronic devices |
| | | | | | pplies including, but not cardiogram, exam beds | \$1,000.00 |
| 40. Machi r ■ No | nery, fixtures, equi | pment, s | supplies you | ı use in business, and | tools of your trade | |
| ☐ Yes. | Describe | | | | | |
| 41. Invento | ory | | | | | |
| ■ No | | | | | | |
| ⊔ Yes. | Describe | | | | | |
| | ts in partnerships | or joint | ventures | | | |
| ■ No □ Yes. | Give specific inforr | mation at | oout them | | | |
| 00. | | | e of entity: | | % of ownership: | |

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Case number (if known) Document Debtor 1 **Charlotte Mitchell** 43. Customer lists, mailing lists, or other compilations No. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ■ No ☐ Yes. Describe..... 44. Any business-related property you did not already list No ☐ Yes. Give specific information....... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$63,500.00 for Part 5. Write that number here...... Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$603,771.00 56. Part 2: Total vehicles, line 5 \$5,180.00 Part 3: Total personal and household items, line 15 \$1,825.00 58. Part 4: Total financial assets, line 36 \$260.00 Part 5: Total business-related property, line 45 \$63,500.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

Official Form 106A/B Schedule A/B: Property page 7

\$70,765.00

Copy personal property total

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$70,765.00

\$674,536.00

| Fill in this inform | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1 | Charlotte Mitchel | I | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Schedule A/B that lists this property | portion you own | AIII | built of the exemption you claim | Specific laws that allow exemption |
|--|-------------------------------------|------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 815 Lincoln Ln. Frankfort, IL 60423 Will County | \$495,201.00 | | \$15,000.00 | 735 ILCS 5/12-901 |
| PIN: 09-20-202-023-0000 Value according to www.zillow.com Held by Mom's Heart Revocable Living Trust owned by Debtor Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2002 Mercedes-Benz S430 Sedan 4D 140.000 miles | \$3,280.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Value according to www.nada.com Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2002 Mercedes-Benz S430 Sedan 4D 140,000 miles | \$3,280.00 | | \$880.00 | 735 ILCS 5/12-1001(b) |
| Value according to www.nada.com Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 1991 Toyota MR2 160,000 miles VIN: JT2SW22N6M0022546 | \$1,900.00 | | \$435.00 | 735 ILCS 5/12-1001(b) |
| Style/Body: Coupe 2D Engine: 2.0L I4 MPI | | | 100% of fair market value, up to any applicable statutory limit | |
| Value according to www.nada.com | | | | |

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Charlotte Mitchell Case number (if known) Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Household goods and furnishings 735 ILCS 5/12-1001(b) \$1,175.00 \$1.175.00 including, but not limited to: sofa(s), 100% of fair market value, up to loveseat(s), coffee table, kitchen table and chairs, lamps/accessories, any applicable statutory limit microwave, dishwasher, washing machine, clothes dryer, dishes/flatware, pots/pans/cookware Line from Schedule A/B: 6.1 Electronics including, but not limited 735 ILCS 5/12-1001(b) \$250.00 \$250.00 to: television, dvd player Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Clothes 735 ILCS 5/12-1001(a) \$400.00 \$400.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$60.00 \$60.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit Personal checking: Bank of America, 735 ILCS 5/12-1001(b) \$200.00 \$200.00 N.A. Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit Office equipment, furnishings, and 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 supplies including, but not limited to: chairs, computers, 100% of fair market value, up to electrocardiogram, exam beds any applicable statutory limit Line from Schedule A/B: 39.1 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

| | | Document | Page 19 | a of 62 | | |
|--|---|---|------------------|--|--|-----------------------------|
| Fill in this inf | ormation to identify your | case: | | | | |
| Debtor 1 | Charlotte Mitche | ·II | | | | |
| | First Name | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| (Spouse II, IIIIIIg) | First Name | | | | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | LINOIS | | | |
| Case number (if known) | | | | | _ | if this is an led filing |
| Official Fo | orm 106D | | | | | |
| Schedul | e D: Creditors | Who Have Claims | Secure | d by Propert | v | 12/15 |
| Be as complete is needed, copy number (if knov | and accurate as possible. If | two married people are filing togeth ut, number the entries, and attach it | ner, both are eq | ually responsible for su | pplying correct information | |
| ☐ No. Ch | eck this box and submit th | is form to the court with your other | r schedules. Yo | ou have nothing else to | report on this form. | |
| Yes. Fi | ill in all of the information b | elow. | | | | |
| Part 1: Lis | t All Secured Claims | | | | | |
| | | ore than one secured claim, list the cre | | | Column B | Column C |
| | | a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name. | | Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| 2.1 Caliber | · Home Loans | Describe the property that secures | the claim: | value of collateral. \$513,587.23 | claim \$495,201.00 | If any \$18,386.23 |
| Creditor's N | | 815 Lincoln Ln. Frankfort, IL | | Ψο 10,001.20 | <u>Ψ+00,201100</u> | Ψ10,000.20 |
| Do Dov | | Will County PIN: 09-20-202-023-0000 Value according to www.zill Held by Mom's Heart Revoc Living Trust owned by Debt As of the date you file, the claim is: | able tor | | | |
| Po Box Oklaho | ma City, OK 73124 | apply. Contingent | | | | |
| | treet, City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the | e debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 onl | у | An agreement you made (such as | mortgage or sec | cured | | |
| Debtor 2 onl | | car loan) | | | | |
| Debtor 1 and | | Statutory lien (such as tax lien, me | chanic's lien) | | | |
| _ | of the debtors and another s claim relates to a | Judgment lien from a lawsuit | Mortgage | Conventional Real | Estate Mortgage | |
| community | | Other (including a right to offset) | mortgage, | Conventional Real | LState Mortgage | |
| Date debt was | incurred Opened NA | Last 4 digits of account num | ber <u>9897</u> | | | |
| Depart | ment of the | | | | | |
| 2.2 Treasu | | Describe the property that secures | the claim: | \$32,024.29 | \$495,201.00 | \$32,024.29 |
| Creditor's N | Valame | 815 Lincoln Ln. Frankfort, IL Will County PIN: 09-20-202-023-0000 Value according to www.zill Held by Mom's Heart Revoc | low.com | | | |
| Interna Po Box | ii Reveilue Service | Living Trust owned by Debt | | | | |
| | elphia, PA | As of the date you file, the claim is: apply. | | | | |
| 19101- | • | Contingent | | | | |
| Number, S | treet, City, State & Zip Code | ☐ Unliquidated | | | | |
| \A/ | dahah o | Disputed | | | | |
| _ | e debt? Check one. | Nature of lien. Check all that apply. | | | | |
| ■ Debtor 1 onl ■ Debtor 2 onl | • | ☐ An agreement you made (such as car loan) | mortgage or sec | cured | | |
| | | | | | | |

Official Form 106D

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| Debtor 1 Charlotte Mitchell | Case number (if know) | |
|---|--|----------|
| First Name Mic | ddle Name Last Name | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and anot ☐ Check if this claim relates to a community debt | Statutory lien (such as tax lien, mechanic's lien) Her Judgment lien from a lawsuit Other (including a right to offset) Federal Tax Lien | |
| Date debt was incurred Opened 11/15 | Last 4 digits of account number 9817 | |
| 2.3 Guaranty Bank | Describe the property that secures the claim: \$183,854.00 \$108,570.00 \$7 | 5,284.00 |
| Creditor's Name Attn: Bankruptcy 4000 West Brown Deer Rd | 601 E. 32nd St. Apt. 501 Chicago, IL 60616 Cook County PIN: 17-34-225-003-1103 Value according to www.zillow.com As of the date you file, the claim is: Check all that | |
| Milwaukee, WI 53209 | apply. ☐ Contingent | |
| Number, Street, City, State & Zip Code | _ | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage or secured car loan) | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | |
| ☐ At least one of the debtors and anoth | | |
| ☐ Check if this claim relates to a community debt | ■ Other (including a right to offset) Revolving, Credit Line Secured | |
| Opened 01/04 La Active 9/25/17 | Last 4 digits of account number 9989 | |
| | | |
| Add the dollar value of your entries | s in Column A on this page. Write that number here: \$729,465.52 | |
| If this is the last page of your form, Write that number here: | add the dollar value totals from all pages. \$729,465.52 | |
| write that number here: | | |
| Part 2: List Others to Be Notifie | ed for a Debt That You Already Listed | |
| trying to collect from you for a debt y | s to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agei you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have s that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified fo mit this page. | e more |
| Name, Number, Street, City, Sta Guaranty Bank | te & Zip Code On which line in Part 1 did you enter the creditor? 2.3 | |
| 4000 W Brown Deer Rd Milwaukee, WI 53209 | Last 4 digits of account number | |

| Piest Name Middle Name Last Name Debtor 2 Frest Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Il Hown) Check if this is an amended filing | | | Document | Page | 21 of (| 62 | | |
|--|--|--|--|-----------------------------|--------------|--|---|---------------|
| Piest Name Middle Name Last Name Debtor 2 Frest Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Il Hown) Check if this is an amended filing | Fill in this infor | mation to identify your | case: | | | | | |
| Debtor 2 First Name Midde Name Last Name | Debtor 1 | Charlotte Mitchell | | | | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Check if this is an amended filling | | First Name | Middle Name | Last Nam | 9 | | | |
| Case number If known) | Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Nam | e | | | |
| Case number If known) | United States B | ankruptcy Court for the: | NORTHERN DISTRICT OF ILL | LINOIS | | | | |
| Difficial Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to reveal or outracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that form 1066.0 bon to include any creditors with partially secured claims that are listed in chedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the first Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number (if known). 1. Do any creditors have priority unsecured claims against you? 1. Do any creditors have priority unsecured claims against you? 1. Do any creditors have priority unsecured claims is a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is, if a claim has both priority and nonpriority amounts, list that claim here and show both priority amounts. As much as possible, list the claims in sliphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. 1. In more than one creditor holds a particular claim, list the other creditors in Part 3. 1. East 4 digits of account number \$34,232.26 \$34,232.26 \$0.00 2.1 Illinois Department of Employment Sec. 2.1 Priority Creditors Name 2.1 Po Bobt 1 and Debtor 2 only Disputed Disputed Disputed Disputed Disputed Disputed Disputed Disputed | | , ., | | | | | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 • as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to research or contracts or unserptived leases that could result in a claim. Also list executory contracts on Schedule AB: Property Official Form 106AB) and on chedule 6: Executory Contracts and Unexpired Leases (Official Form 106Q). Do not include any creditors with partially secured claims shat are listed in chedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the fit. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number (if known). 2011 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 1. Secure and the claim is is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in sphabeteclar order according to the creditor's name. If you have more than two prority unsecured claims. Fire each claim listed, identify what type of claim is. If a creditor has more than one priority unsecured claims, list the creditor should be provided and the priority amounts. As much as possible, list the claims in sphabeteclar order according to the creditor's name. If you have more than two prority unsecured claims. For each claim listed, identify what type of claim is, set the instructions for this form in the instruction booklet. 1 Illinois Department of Employment Sec. 2.1 Promy Cre | Case number | | | | | | □ Chook | if this is an |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to resecutory contracts or unsexprired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on chedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 2. If more than one creditor share unmover in the continuation of the part of the partial office of the creditor share unmover. If more than one that the part of the partial office of the partia | , | | | | | | _ | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to resecutory contracts or unsexprired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on chedule 6: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 0: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in chedule 2. If more than one creditor share unmover in the continuation of the part of the partial office of the creditor share unmover. If more than one that the part of the partial office of the partia | Official For | m 106F/F | | | | | | |
| Last all of your priority unsecured claims. If a creditor swith PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to revectively contracts on the equile 6: Executory Contracts and Unexpired leases that could result in a claim. Also list sexecutory contracts on schedule AIS: Property (Official Form 106Q). Do not include any creditors with partially secured claims that are listed in chedule 0: Cededitors Who Have Claims Secured by Property; if more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the fit. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your ame and case number (if known). 2art 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | | _ | ho Have Unsecured | Claim | S | | | 12/15 |
| Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Yes. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim | schedule G: Exec schedule D: Cred eft. Attach the Co | utory Contracts and Unexp itors Who Have Claims Sec intinuation Page to this pag | ired Leases (Official Form 106G). D ured by Property. If more space is a | o not incluned | ude any cre | editors with partially s t you need, fill it out, i | ecured claims that a number the entries in | re listed in |
| No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and onepriority amounts, list that claim here and show both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount Nonpriority amo | Part 1: List | All of Your PRIORITY Un | secured Claims | | | | | |
| Yes. | 1. Do any credi | tors have priority unsecure | d claims against you? | | | | | |
| 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name when the instruction booklet.) Total claim Priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name when the instruction booklet.) Total claim Priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditor's name. If you have more than two priority unsecured claims. Last 4 digits of account number \$34,232.26 \$34,232.26 \$0.00 When was the debt incurred? Opened NA As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Disputed Debtor 1 only Disputed Type of PRIORITY unsecured claim: Check if this claim is for a community debt is the claim subject to offset? No Other. Specify Contributions to employee benefit plans | ☐ No. Go to | Part 2. | | | | | | |
| identify what type of claim it is. If a claim has both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim | Yes. | | | | | | | |
| Illinois Department of | identify what t possible, list t | ype of claim it is. If a claim ha he claims in alphabetical orde | is both priority and nonpriority amounter according to the creditor's name. If | ts, list that of you have m | claim here a | and show both priority a | nd nonpriority amount | s. As much as |
| Illinois Department of Employment Sec. Priority Creditor's Name Po Box 4385 Chicago, IL 60680 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim is for a community debt Is the claim subject to offset? No No No No Satist 4 digits of account number \$34,232.26 \$34,232.26 \$0.00 \$0 | (For an explai | nation of each type of claim, s | ee the instructions for this form in the | e instruction | booklet.) | | | |
| Employment Sec. Priority Creditor's Name Po Box 4385 Chicago, IL 60680 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No Last 4 digits of account number \$34,232.26 \$34,232.26 \$0.00 \$ | | | | | | Total claim | | |
| Priority Creditor's Name Po Box 4385 Chicago, IL 60680 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? Opened NA Opened | | • | | | | ¢3/1 232 26 | \$34 232 2 6 | 00 n¢ |
| Po Box 4385 Chicago, IL 60680 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? Opened NA As of the date you file, the claim is: Check all that apply Contingent Debtor 1: Check all that apply I Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Contributions to employee benefit plans | | | Last 4 digits of accou | nt number | | | Ψ34,232.20 | Ψ0.00 |
| Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Contributions to employee benefit plans | Po Bo | x 4385 | When was the debt in | curred? | Opened | d NA | | |
| □ Debtor 1 only □ Unliquidated □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only □ Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Cherk. Specify □ Contributions to employee benefit plans | | | As of the date you file | , the claim | is: Check a | all that apply | | |
| □ Debtor 2 only □ Disputed □ Debtor 1 and Debtor 2 only Type of PRIORITY unsecured claim: □ At least one of the debtors and another □ Domestic support obligations □ Check if this claim is for a community debt Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify Contributions to employee benefit plans | Who incurre | ed the debt? Check one. | ☐ Contingent | | | | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Other. Specify □ Contributions to employee benefit plans | Debtor 1 | only | ☐ Unliquidated | | | | | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated □ Check if this claim is for a community debt □ Claims for death or personal injury while you were intoxicated | Debtor 2 | only | ☐ Disputed | | | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Contributions to employee benefit plans | Debtor 1 | and Debtor 2 only | Type of PRIORITY uns | secured cla | aim: | | | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Contributions to employee benefit plans | ☐ At least of | one of the debtors and anothe | Domestic support of | bligations | | | | |
| Is the claim subject to offset? □ Claims for death or personal injury while you were intoxicated □ No □ Other. Specify Contributions to employee benefit plans | | | | ther debts | ou owe the | government | | |
| | | | _ | personal in | ury while yo | ou were intoxicated | | |
| ☐ Yes | | | Other. Specify Co | ontributi | ons to er | mployee benefit p | olans | |

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| Debtor | Charlotte Mitchell | | Case number (if know) | | |
|---------|--|---|----------------------------|---|--------|
| 2.2 | Illinois Department of Revenue | Last 4 digits of account number | \$3,556.00 | \$3,556.00 | \$0.00 |
| | Priority Creditor's Name Bankruptcy Section Po Box 64338 | When was the debt incurred? | | | |
| w | Chicago, IL 60664-0338 Number Street City State Zlp Code /ho incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| _ | Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | · | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | |
| | At least one of the debtors and another | Type of PRIORITY unsecured cl | aliti: | | |
| | Check if this claim is for a community debt | • | | | |
| | s the claim subject to offset? | ■ Taxes and certain other debts□ Claims for death or personal in | · | | |
| | No | • | | | |
| |] Yes | Other. Specify | | | |
| 2.3 | Internal Revenue Service | Last 4 digits of account number | \$109,572.6 1 | \$109,572.61 | \$0.00 |
| | Priority Creditor's Name Centralized Insolvency Operation Po Box 21126 | When was the debt incurred? | Opened 12/06 | | |
| | Philadelphia, PA 19114-0326 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | |
| w | /ho incurred the debt? Check one. | ☐ Contingent | onesit all and apply | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | Disputed | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cl | aim: | | |
| | At least one of the debtors and another | Domestic support obligations | | | |
| | Check if this claim is for a community debt | Taxes and certain other debts | vou owe the government | | |
| Is | the claim subject to offset? | ☐ Claims for death or personal in | · | | |
| | No | Other. Specify | | | |
| | Yes | | | | |
| 2.4 | Internal Revenue Service | land Adinita of account mounts | \$164,041.9 | \$164,041.93 | \$0.00 |
| 2.4 | Priority Creditor's Name | Last 4 digits of account number | <u>3</u> | φ104,041.95 ———————————————————————————————————— | Ψ0.00 |
| | Department of Treasury Po Box 7346 | When was the debt incurred? | Opened NA | | |
| | Philadelphia, PA 19101 Number Street City State Zlp Code | As of the date you file, the claim | in Observation that are by | | |
| w | /ho incurred the debt? Check one. | Contingent | is. Check all that apply | | |
| | Debtor 1 only | ☐ Unliquidated | | | |
| | Debtor 2 only | ☐ Disputed | | | |
| _ | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cl | aim: | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | Check if this claim is for a community debt | Taxes and certain other debts | vou owe the government | | |
| | the claim subject to offset? | ☐ Claims for death or personal in | · | | |
| | No | Other Specify | | | |
| □ | Yes | · · · | | | |
| Part 2: | List All of Your NONPRIORITY Unsecu | ıred Claims | | | |
| 3. Do | any creditors have nonpriority unsecured claim | ns against you? | | | |
| | No. You have nothing to report in this part. Submit | this form to the court with your other | schedules. | | |
| | Yes. | | | | |

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority

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Debtor 1 Charlotte Mitchell

unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of

| | | | | Total claim |
|---|---|-------------------------|--------------------------|-------------|
| Advanta Bk | Last 4 digits of account number | 7176 | | \$1,494.00 |
| Nonpriority Creditor's Name Welsh and McKean Roads Po Box 844 | When was the debt incurred? | Opened 02/05 9/16/16 | Last Active | - |
| Spring House, PA 19477 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that appl | v | |
| Who incurred the debt? Check one. | , | | , | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or d | livorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other sin | nilar debts | |
| Yes | Other. Specify Revolving, | Charge Accoun | t | - |
| American Express | Last 4 digits of account number | 0693 | | \$13,686.00 |
| Nonpriority Creditor's Name Po Box 297871 Fort Lauderdale, FL 33329 | When was the debt incurred? | Opened 10/00 | | - |
| Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | у | |
| Who incurred the debt? Check one. | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| ☐ Check if this claim is for a community | Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or d | livorce that you did not | |
| No | Debts to pension or profit-sharing | n plans, and other sim | nilar debts | |
| □ Yes | Other Specify Open, Cred | | | _ |
| Amex | Last 4 digits of account number | 4002 | | \$14,993.15 |
| Nonpriority Creditor's Name | g or account number | | | Ψ17,000.10 |
| Correspondence Po Box 981540 | When was the debt incurred? | Opened 10/00 | | - |
| El Paso, TX 79998 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that appl | v | |
| Who incurred the debt? Check one. | | January Sappi | , | |
| ■ Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt | Obligations arising out of a sepa | ration agreement or d | livorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | -111 | |
| ■ No | Debts to pension or profit-sharing | | niiar debts | |
| Yes | Other. Specify Open/Credi | t Card | | _ |

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Debtor 1 Charlotte Mitchell 4.4 \$890.96 Amex Last 4 digits of account number 1008 Nonpriority Creditor's Name Correspondence When was the debt incurred? **Opened NA** Po Box 981540 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Open, Credit Card ☐ Yes 4.5 Amex Last 4 digits of account number 1004 \$858.03 Nonpriority Creditor's Name **Opened NA** Correspondence When was the debt incurred? Po Box 981540 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Open, Credit Card Other. Specify 4.6 Last 4 digits of account number 1003 \$13,686.31 **Amex** Nonpriority Creditor's Name Correspondence When was the debt incurred? **Opened NA** Po Box 981540 El Paso, TX 79998 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Open, Credit Card ☐ Yes

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Debtor 1 Charlotte Mitchell 4.7 \$10,758.00 **Bank of America** Last 4 digits of account number 1340 Nonpriority Creditor's Name Nc4-105-03-14 Opened 10/05 Last Active Po Box 26012 When was the debt incurred? 7/03/17 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Revolving, Credit Card ☐ Yes **Bank of America** 4.8 Last 4 digits of account number 4691 \$245.00 Nonpriority Creditor's Name Nc4-105-03-14 Opened 12/10/01 Last Active Po Box 26012 When was the debt incurred? 9/20/14 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Revolving, Credit Card Other. Specify **Bank of America** 4.9 \$449.00 Last 4 digits of account number 8321 Nonpriority Creditor's Name Nc4-105-03-14 Opened 12/19/00 Last Active Po Box 26012 When was the debt incurred? 2/18/16 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Revolving, Credit Card ☐ Yes

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Case number (if know)

Debtor 1 Charlotte Mitchell 4.1 **Bank of America** 9533 \$4,893.94 Last 4 digits of account number 0 Nonpriority Creditor's Name NC4-105-03-14 **Opened NA** When was the debt incurred? Po Box 26012 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Revolving, Credit Card ☐ Yes 4.1 **Bank of America** 0337 \$10,408.06 Last 4 digits of account number Nonpriority Creditor's Name NC4-105-03-14 When was the debt incurred? **Opened NA** Po Box 26012 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Revolving, Credit Card ☐ Yes 4.1 **Bank of America** 1888 \$449.82 Last 4 digits of account number Nonpriority Creditor's Name NC4-105-03-14 When was the debt incurred? **Opened NA** Po Box 26012 Greensboro, NC 27410 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving, Credit Card ☐ Yes

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Case number (if know)

Debtor 1 Charlotte Mitchell 4.1 Capital One 7900 \$7,467.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Opened 01/99 Last Active Po Box 30253 When was the debt incurred? 9/25/17 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.1 Capital One 3477 \$4,054.95 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? Opened NA Po Box 30253 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Revolving, Credit Card ☐ Yes 4.1 Capital One Bank \$1,696.30 5 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 6492 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify 2008M1142343 Cook County Judgment ☐ Yes

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Case number (if know)

Debtor 1 Charlotte Mitchell 4.1 Capital One/Carson 0775 \$1,226.66 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: General **Opened NA** When was the debt incurred? Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Revolving, Charge Account 4.1 **Chase Card** 6474 \$1,551.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Correspondence Dept. Opened 03/87 Last Active Po Box 15298 When was the debt incurred? 9/17/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving, Credit Card ☐ Yes 4.1 2842 **Chase Card** \$3,793.32 Last 4 digits of account number Nonpriority Creditor's Name Attn: Correspondence Dept. When was the debt incurred? **Opened NA** Po Box 15298 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving, Credit Card ☐ Yes

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Debtor 1 Charlotte Mitchell Case number (if know) 4.1 Chasmccarthy 2220 \$2,960.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 705 N. East St. When was the debt incurred? Opened 10/07/13 Bloomington, IL 61701 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Original Creditor: Alexander H Chan D.D.S. ☐ Yes 4.2 Citi 8748 \$7,729.11 Last 4 digits of account number 0 Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized When was the debt incurred? **Opened NA Bankruptcy** Po Box 790040 Saint Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving, Credit Card ☐ Yes 4.2 Citibank/The Home Depot 2917 \$7,045.34 Last 4 digits of account number Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized When was the debt incurred? **Opened NA Bankruptcy** Po Box 790040 Saint Louis, MO 63129 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving, Charge Account ☐ Yes

Official Form 106 E/F

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Debtor 1 Charlotte Mitchell Case number (if know) 4.2 **Comenity Bank/Carsons** 0775 \$1,287.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/81 Last Active Po Box 182125 When was the debt incurred? 8/15/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Revolving, Charge Account** Other, Specify 4.2 Comenity Bank/Express 4636 \$660.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 09/96 Last Active Attn: Bankruptcy Po Box 182125 When was the debt incurred? 8/23/17 Columbus, OH 43218 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Revolving, Charge Account ☐ Yes 4.2 Comenity Bank/Harlem Furniture \$3,746.00 3383 Last 4 digits of account number Nonpriority Creditor's Name Opened 07/04 Last Active Po Box 182125 When was the debt incurred? 8/14/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Revolving, Charge Account ☐ Yes

Official Form 106 E/F

2

Document Page 31 of 62 Debtor 1 Charlotte Mitchell Case number (if know) 4.2 Loan To Learn 0911 \$12,475.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 45610 Woodland Rd. Opened 08/07 Last Active Suite 37 When was the debt incurred? 8/23/16 Sterling, VA 20166 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Installment, Educational 4.2 Navient 0228 \$27,775.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/91 Last Active Po Box 9500 When was the debt incurred? 9/28/17 Wilkes-Barr, PA 18773 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ☐ Other. Specify Installment, Educational 4.2 Southwest Credit Systems 1258 \$373.00 Last 4 digits of account number Nonpriority Creditor's Name 4120 International Pkwy. When was the debt incurred? Opened 7/19/17 Suite 110 Carrollton, TX 75007 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

No

☐ Yes

report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Original Creditor: ComEd

Is the claim subject to offset?

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Debtor 1 Charlotte Mitchell 4.2 Sst/cigpficorp 6936 \$7,622.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 4315 Pickett Rd. When was the debt incurred? **Opened 02/05** Saint Joseph, MO 64503 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Revolving, Charge Account ☐ Yes 4.2 SST/Columbus Bank & Trust 3197 \$7,621.00 Last 4 digits of account number 9 Nonpriority Creditor's Name Opened 02/05 Last Active Attn: Bankruptcy Dept. Po Box 3997 When was the debt incurred? 11/18/16 St Joseph, MO 64503 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Revolving, Charge Account ☐ Yes United Biologics LLC dba United 4.3 6829 \$69,807.67 0 Last 4 digits of account number Allergy Nonpriority Creditor's Name c/o Kenneth J. Donkel When was the debt incurred? Opened 8/16 7720 W. 194th St., St. #105 Tinley Park, IL 60487 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Judgment ☐ Yes

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| 4.3 Visa Dept Store National Bank/Macy's Nonpriority Creditor's Name | Last 4 digits of account number | 3370 | \$1,580.00 | | |
|---|--|---|-------------------------|--|--|
| Attn: Bankruptcy Po Box 8053 | When was the debt incurred? | Opened 10/84 Last Active 6/18/17 | | | |
| Mason, OH 45040 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| debt | | aration agreement or divorce that you did not | | | |
| Is the claim subject to offset? | report as priority claims | | | | |
| ■ No | Debts to pension or profit-shari | | | | |
| ☐ Yes | Other. Specify Revolving | , Charge Account | | | |
| Part 3: List Others to Be Notified About a De | bt That You Already Listed | | | | |
| 5. Use this page only if you have others to be notified a is trying to collect from you for a debt you owe to so have more than one creditor for any of the debts tha notified for any debts in Parts 1 or 2, do not fill out of | omeone else, list the original creditor i at you listed in Parts 1 or 2, list the add | n Parts 1 or 2, then list the collection agency | here. Similarly, if you | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | _ | | | |
| Advanta Bk Po Box 9217 | | Part 1: Creditors with Priority Unsecured Clai | | | |
| Old Bethpage, NY 11804 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| | Last 4 digits of account number | | | | |
| Name and Address Amex | On which entry in Part 1 or Part 2 did yo Line 4.3 of (Check one): | u list the original creditor? Part 1: Creditors with Priority Unsecured Clai | ms | | |
| Po Box 297871 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | |
| Fort Lauderdale, FL 33329 | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | u list the original creditor? | | | |
| Amex | | \exists Part 1: Creditors with Priority Unsecured Clai | ms | | |
| Po Box 297871 | | Part 2: Creditors with Nonpriority Unsecured | | | |
| Fort Lauderdale, FL 33329 | Last 4 digits of account number | , , | | | |
| | | | | | |
| Name and Address Amex | On which entry in Part 1 or Part 2 did yo | u list the original creditor? Part 1: Creditors with Priority Unsecured Clai | ma | | |
| Po Box 297871 | _ | Part 2: Creditors with Nonpriority Unsecured | | | |
| Fort Lauderdale, FL 33329 | | - Part 2. Creditors with Nonphority Orisecured | Cidillis | | |
| | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | | | | |
| Bank of America Po Box 982238 | | Part 1: Creditors with Priority Unsecured Clai | | | |
| El Paso, TX 79998 | | Part 2: Creditors with Nonpriority Unsecured | Claims | | |
| | Last 4 digits of account number | | | | |
| Name and Address | On which entry in Part 1 or Part 2 did yo | | | | |
| Bank of America | | Part 1: Creditors with Priority Unsecured Clai | | | |
| Po Box 982238 El Paso, TX 79998 | Last 4 digits of account number | Part 2: Creditors with Nonpriority Unsecured | Claims | | |
| None and Address | | u line de la carinina la caradia. O | | | |
| Name and Address Bank of America | On which entry in Part 1 or Part 2 did yo Line 4.9 of (<i>Check one</i>): | u list the original creditor? Part 1: Creditors with Priority Unsecured Clai | ms | | |
| Po Box 982238 El Paso, TX 79998 | | Part 2: Creditors with Nonpriority Unsecured | | | |

Last 4 digits of account number

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| Debtor 1 Charlotte Mitchell | | Case number (if know) |
|--|--|--|
| Name and Address Bank of America Po Box 982238 El Paso, TX 79998 | On which entry in Part 1 or Part 2 did y Line 4.11 of (Check one): Last 4 digits of account number | rou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Bank of America | On which entry in Part 1 or Part 2 did y Line 4.12 of (<i>Check one</i>): | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| Po Box 982238 El Paso, TX 79998 | Last 4 digits of account number | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Name and Address Capital One | On which entry in Part 1 or Part 2 did y Line 4.13 of (<i>Check one</i>): | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| 15000 Capital One Dr Richmond, VA 23238 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Capital One | On which entry in Part 1 or Part 2 did y Line 4.14 of (<i>Check one</i>): | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| 15000 Capital One Dr. | <u> </u> | Part 2: Creditors with Nonpriority Unsecured Claims |
| Richmond, VA 23238 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | /ou list the original creditor? |
| Chase Card | Line 4.17 of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| Po Box 15298 Wilmington, DE 19850 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Chase Card | On which entry in Part 1 or Part 2 did y | |
| Po Box 15298 | Line <u>4.18</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims |
| Wilmington, DE 19850 | Last 4 digits of account number | - Fait 2. Cleditors with Nonphority Onsecured Claims |
| Name and Address | On which entry in Part 1 or Part 2 did y | Cratifica adiabatic acceptance |
| Name and Address Citibank/The Home Depot | Line 4.21 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Po Box 6497 Sioux Falls, SD 57117 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Sloux I alis, 3D 37 117 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | _ |
| Comenity Bank/Carsons 3100 Easton Square Pl. | Line <u>4.22</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| Columbus, OH 43219 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| | Last 4 digits of account number | |
| Name and Address Comenity Bank/Express | On which entry in Part 1 or Part 2 did y Line 4.23 of (<i>Check one</i>): | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |
| Po Box 182789 | Line 4120 of (Oneck one). | Part 2: Creditors with Nonpriority Unsecured Claims |
| Columbus, OH 43218 | Last 4 digits of account number | — Full 2. Ordalois with Nonpholity Griscoured Grainis |
| Name and Address | On which entry in Part 1 or Part 2 did y | you list the original creditor? |
| Comenity Bank/Harlem Furniture | Line <u>4.24</u> of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims |
| Po Box 182789 Columbus, OH 43218 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims |
| Goldingus, G11 43210 | Last 4 digits of account number | |
| Name and Address | On which entry in Part 1 or Part 2 did y | |
| Keith Shindler 1990 E. Algonquin Rd, Suite 180 | Line <u>4.15</u> of (<i>Check one</i>): | Part 1: Creditors with Priority Unsecured Claims |
| Schaumburg, IL 60173 | | Part 2: Creditors with Nonpriority Unsecured Claims |
| 3, -= · · · · · | The state of the s | |
| | Last 4 digits of account number | |
| Name and Address Kennth J. Donkel | Last 4 digits of account number On which entry in Part 1 or Part 2 did y Line 4.30 of (<i>Check one</i>): | /ou list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Claims |

Tinley Park, IL 60487

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| Charlotte Mitchell | | Case Harriser (ii know) | |
|--|--------------------------------------|---|---|
| | Last 4 digits of account number | 6829 | |
| Name and Address | On which entry in Part 1 or Part 2 d | lid you list the original creditor? | |
| Navient | Line 4.26 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| Po Box 9500 Wilkes Barre, PA 18773 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 d | lid you list the original creditor? | |
| SST/Columbus Bank & Trust | Line 4.29 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| Po Box 3997 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Saint Joseph, MO 64503 | Last 4 digits of account number | | |
| Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? | | lid you list the original creditor? | _ |
| Visa Dept Store National | Line 4.31 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| Bank/Macy's Po Box 8218 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Mason, OH 45040 | | | |
| | Last 4 digits of account number | | |
| Name and Address | On which entry in Part 1 or Part 2 d | 2 did you list the original creditor? | |
| Zwicker & Associates P.C. | Line 4.2 of (Check one): | ☐ Part 1: Creditors with Priority Unsecured Claims | |
| 7366 N. Lincoln Ave. | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | |
| Suite 404 Lincolnwood, IL 60712 | | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

R505

| | | | | | Total Claim |
|--------------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total | | | | - | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 277,170.54 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 34,232.26 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 311,402.80 |
| | | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ | 40,250.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 203,032.62 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 243,282.62 |

Last 4 digits of account number

| | | 1700.11111. | 111 FAUE 30 01 0 | / |
|---|-------------------|-------------------|------------------|---|
| Fill in this information to identify your case: | | | | |
| Debtor 1 | Charlotte Mitchel | I | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | • | | | | |
| | Name | | | | |
| | Number | Street | | | - |
| | City | | State | ZIP Code | |
| 2.5 | - | | · | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| | , | | 0. 0 | | |

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| | | Docume | ent Page 37 d | of 62 | |
|-------------------------------|---|-----------------------------|---------------------------|--|-------------|
| Fill in this | information to identify your c | ase: | | | |
| Debtor 1 | Charlotte Mitchell | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| | | | | | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case numl | ber | | | | |
| (if known) | | | | ☐ Check if this is an | |
| | | | | amended filing | |
| Officia | l Form 106H | | | | |
| | | btoro | | | |
| Schea | lule H: Your Code | eptors | | 12/15 | ' |
| 1. Do : | you have any codebtors? (If yo | ou are filing a joint case, | do not list either spouse | as a codebtor. | |
| ☐ Yes | 3 | | | | |
| Arizon No. | hin the last 8 years, have you laa, California, Idaho, Louisiana, I Go to line 3. | Nevada, New Mexico, Pu | erto Rico, Texas, Washi | ry? (Community property states and territories include ington, and Wisconsin.) | |
| in line Form out Co | e 2 again as a codebtor only if 106D), Schedule E/F (Official I olumn 2. | that person is a guaran | tor or cosigner. Make | rif your spouse is filing with you. List the person shows sure you have listed the creditor on Schedule D (Office). Use Schedule D, Schedule E/F, or Schedule G to | ial fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and ZIP | Code | | Column 2: The creditor to whom you owe the deb Check all schedules that apply: | τ |
| 0.4 | | | | По В т | |
| 3.1 | Name | | | | |
| | | | | ☐ Schedule G, line | |
| - | Niverbox Ctroot | | | | |
| | Number Street City | State | ZIP Code | | |
| | | | | | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| Fill | in this information to identify y | our case. | | | | | | | | | |
|--|---|---|--------------------------------------|---|---------------|----------------|-------------------|-----------------------|--|----------------------------------|-----------------|
| | | tte Mitchell | | | | | | | | | |
| | otor 2 | | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court f | for the: NORTHERN DISTRIC | CT OF ILLINOIS | 1 | | _ | | | | | |
| (If kr | se number fficial Form 106l | | - | | | | ☐ Ai ☐ A 13 | 3 income | ed filing ent showin as of the f | ng postpetitior ollowing date | |
| | chedule I: Your | Income | | | | | M | IM / DD/ Y | YYY | | 12/15 |
| sup spo atta | plying correct information. I use. If you are separated an | s possible. If two married peo If you are married and not fili Id your spouse is not filing w form. On the top of any additi ment | ng jointly, and y ith you, do not | your spous include inf | se is form | s liv natio | ing with on about | you, incl your spo | ude informuse. | mation about ore space is | your needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | | Debtor 2 | 2 or non-fi | iling spouse | |
| If you hav attach a s informatio | If you have more than one job, | | ■ Employed | ■ Employed | | | | ☐ Emplo | oyed | | |
| | attach a separate page with information about additional | | ☐ Not emplo | yed | | | | ☐ Not e | mployed | | |
| | employers. | Occupation | Physician | | | | | | | | |
| | Include part-time, seasonal, self-employed work. | Employer's name | Northwest S.C. | Medical A | Asso | ocia | ates, | | | | |
| | Occupation may include stu or homemaker, if it applies. | dent Employer's address | Suite 310 | 30 E. 15th St Suite 310 Chicago Heights, IL 60411 | | | | | | | |
| | | How long employed t | here? 20 | Years | | | | _ | | | |
| Par | Give Details Abou | ut Monthly Income | | | | | | | | | |
| | mate monthly income as of use unless you are separated. | the date you file this form. If | you have nothin | g to report | for a | any l | ine, write | \$0 in the | space. In | clude your no | n-filing |
| | u or your non-filing spouse ha e space, attach a separate sh | ave more than one employer, co | ombine the infor | mation for a | all er | mplo | oyers for t | that perso | on on the li | ines below. If | you need |
| | | | | | | | For Deb | otor 1 | | btor 2 or ing spouse | |
| 2. | | s, salary, and commissions (b nthly, calculate what the month | | e. | 2. | \$ | | 0.00 | \$ | N/A | - |
| 3. | Estimate and list monthly | overtime pay. | | ; | 3. | +\$ | | 0.00 | +\$ | N/A | - |
| 4. | Calculate gross Income. | Add line 2 + line 3. | | | 4. | \$ | | 0.00 | \$ | N/A | |

Official Form 106I Schedule I: Your Income page 1

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| Deb | tor 1 | Charlotte Mitchell | | Case | number (if known) | | | | |
|-----|-----------------|---|----------------|-------------|--------------------|------|----------------|--------------------|----------|
| | | | | For | Debtor 1 | | Debtor 2 | | |
| | Cop | y line 4 here | 4. | \$_ | 0.00 | \$ | | N/A | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$_ | 0.00 | \$ | | N/A | |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | | N/A | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.00 | \$ | | N/A | |
| | 5g. | Union dues | 5g. | \$_ | 0.00 | \$ | | N/A | |
| | 5h. | Other deductions. Specify: | _ 5h.+ | \$_ | 0.00 | + \$ | | N/A | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | \$ | | N/A | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$_ | 0.00 | \$ | | N/A | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends | 8a. 8b. | \$_ \$ | -10,018.01 0.00 | \$ | | N/A N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent | | _ | | | | | |
| | | regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | | N/A | |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | | N/A | |
| | 8f. 8g. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | _ 8f. _ 8g. | \$_ \$ | 0.00 | \$ | | N/A N/A | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ - | 0.00 | · — | | N/A | |
| | 011. | | _ '''' | | 0.00 | · | | 11// | |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | -10,018.01 | \$ | | N/A | |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | -1 | 0,018.01 + \$_ | | N/A | = \$1 | 0,018.01 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | | | • | chedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies | | | | | 12. | \$1 | 0,018.01 |
| 13. | Do | you expect an increase or decrease within the year after you file this form? | ? | | | | | Combine monthly | |
| | | No. | | | | | | | |

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| Fill in thi | s information to identify yo | our çase: | | | | | |
|--------------|--|----------------|---|--|-------------------------------|---|---|
| Debtor 1 | Charlotte Mi | | | | Chec | k if this is: | |
| Debtor 2 | | | | | _ | An amended filing | |
| (Spouse, | if filing) | | | | | | wing postpetition chapter the following date: |
| United St | ates Bankruptcy Court for the | : NORTH | ERN DISTRICT OF ILLING | OIS | = | MM / DD / YYYY | |
| Case nun | | | | | | | |
| Offic | ial Form 106J | | | | | | |
| Sche | edule J: Your | Exper | ises | | | | 12/1 |
| informa | omplete and accurate as tion. If more space is ne (if known). Answer eve | eded, atta | . If two married people ar ich another sheet to this t n. | e filing together, be form. On the top of | oth are equa f any additio | ally responsible fo nal pages, write y | or supplying correct your name and case |
| Part 1: | Describe Your House | hold | | | | | |
| | his a joint case? | | | | | | |
| | No. Go to line 2. Yes. Does Debtor 2 live | in a separ | ate household? | | | | |
| _ | □ No | • | | | | | |
| | ☐ Yes. Debtor 2 mus | st file Offici | al Form 106J-2, Expenses | for Separate House | ehold of Debt | or 2. | |
| 2. Do | you have dependents? | ■ No | | | | | |
| | not list Debtor 1 and btor 2. | ☐ Yes. | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| Do | not state the | | | | | | □ No |
| dep | pendents names. | | | | | | Yes |
| | | | | | | | □ No □ Yes |
| | | | | | | | □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| 2 D e | varir avnanaa inaliida | _ | | | | | ☐ Yes |
| exp | your expenses include penses of people other t | han ┌ | No Yes | | | | |
| you | urself and your depende | nts? □ | 165 | | | | |
| expense | | our bankr | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | |
| the valu | e of such assistance an | | government assistance if | | | Vaurava | |
| (Official | Form 106l.) | | | | | Your exp | enses |
| | e rental or home owners ments and any rent for th | | ses for your residence. In | nclude first mortgage | e 4. \$ | | 4,970.84 |
| lf n | ot included in line 4: | | | | | | |
| 4a. | | | | | 4a. \$ | | 0.00 |
| 4b. | -1 - 7/ | | | | 4b. \$ | | 0.00 |
| 4c. 4d. | • | | | | 4c. \$ 4d. \$ | | 0.00 0.00 |
| | | | oominium dues our residence, such as ho | me equity loans | 4u. ş 5. \$ | | 0.00 |

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| Debtor 1 Charlotte Mitchell | Case number (if known) | |
|--|------------------------|------------|
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. \$ | 180.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 40.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 130.00 |
| 6d. Other. Specify: | 6d. \$ | 0.00 |
| 7. Food and housekeeping supplies | 7. \$ | 325.00 |
| 8. Childcare and children's education costs | 8. \$ | 0.00 |
| 9. Clothing, laundry, and dry cleaning | 9. \$ | 100.00 |
| 10. Personal care products and services | 10. \$ | 100.00 |
| 11. Medical and dental expenses | 11. \$ | 250.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. | | |
| Do not include car payments. | 12. \$ | 260.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ | 150.00 |
| 14. Charitable contributions and religious donations | 14. \$ | 0.00 |
| 15. Insurance. | | |
| Do not include insurance deducted from your pay or included in lines 4 or 20. | 4.5 | |
| 15a. Life insurance | 15a. \$ | 0.00 |
| 15b. Health insurance | 15b. \$ | 0.00 |
| 15c. Vehicle insurance | 15c. \$ | 163.00 |
| 15d. Other insurance. Specify: | 15d. \$ | 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. \$ | 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. \$ | 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. \$ | 0.00 |
| 17c. Other. Specify: Student Loan | 17c. \$ | 643.00 |
| 17d. Other. Specify: | 17d. \$ | 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as | } | |
| deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ | 0.00 |
| 9. Other payments you make to support others who do not live with you. | \$ | 0.00 |
| Specify: | 19. | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on School | | |
| 20a. Mortgages on other property | 20a. \$ | 0.00 |
| 20b. Real estate taxes | 20b. \$ | 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ | 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ | 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. \$ | 0.00 |
| 21. Other: Specify: | 21. +\$ | 0.00 |
| 22. Calculate your monthly expenses | Φ. | 7.044.04 |
| 22a. Add lines 4 through 21. | \$ | 7,311.84 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 7,311.84 |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | -10,018.01 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 7,311.84 |
| 23c. Subtract your monthly expenses from your monthly income. | 23c. \$ | -17,329.85 |
| The result is your monthly net income. | 200. | ,3= |

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

Yes.

Explain here: Debtor presently negotiating with Internal Revenue Service to establish installment agreement.

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| Fill in this infor | mation to identify you | ır case: | | | |
|-----------------------------------|--|------------------------------|---------------------------|--|------------------------|
| Debtor 1 | Charlotte Mitch | * | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the | NORTHERN DISTRICT C | OF ILLINOIS | | |
| Case number (if known) | | | | ☐ Check if amended | this is an d filing |
| Official Forr | n 106Dec | | | | |
| Declarat | ion About | an Individual | Debtor's Sc | hedules | 12/15 |
| obtaining money years, or both. 1 | | in connection with a bankri | | Making a false statement, concealing n fines up to \$250,000, or imprisonmen | |
| Did you pa | y or agree to pay son | neone who is NOT an attorno | ey to help you fill out b | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | Attach Bankruptcy Petition Prep Declaration, and Signature (Off | |
| | alty of perjury, I declar e true and correct. | re that I have read the summ | ary and schedules filed | d with this declaration and | |
| X /s/ Cha | arlotte Mitchell | | X | | |
| Charlo | tte Mitchell re of Debtor 1 | | Signature of | Debtor 2 | |

Date _____

Date **October 18, 2017**

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| Fill | in this infor | mation to identify your | rase. | | | | |
|--------------------|-------------------------------|--|--|---------------|----------------------------------|---|---|
| _ | otor 1 | Charlotte Mitche | | | | | |
| Dei | JIOI I | First Name | Middle Name | Las | st Name | | |
| | otor 2 ouse if, filing) | First Name | Middle Name | Las | st Name | | |
| | | | | | | | |
| Uni | ted States Ba | inkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINO | IS . | | |
| | se number nown) | | | | | _ | Check if this is an amended filing |
| | ficial Fo | | Affairs for Indivi | duals l | Filing for B | ankruptcy | 4/16 |
| info nun | rmation. If r | nore space is needed, n). Answer every ques | attach a separate sheet to stion. | this form. | . On the top of any | equally responsible for sup y additional pages, write you | |
| Pai | t 1: Give | Details About Your Ma | rital Status and Where You | u Lived Be | etore | | |
| 1. | What is you | r current marital statu | s? | | | | |
| | ■ Married Not ma | | | | | | |
| 2. | During the | ast 3 vears, have you | lived anywhere other than | where voi | u live now? | | |
| | ■ No □ Yes. Li | st all of the places you li | ved in the last 3 years. Do n | not include | where you live now | <i>ı</i> . | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. state | | | | | | ity property state or territory ico, Texas, Washington and V | |
| | ■ No | | | | | | |
| | ☐ Yes. M | ake sure you fill out <i>Sch</i> | nedule H: Your Codebtors (C | Official Form | n 106H). | | |
| Pai | rt 2 Expla | in the Sources of You | r Income | | | | |
| 4. | Fill in the tot | al amount of income you | nployment or from operation or received from all jobs and have income that you receive | all busines | ses, including part- | | ndar years? |
| | □ No | | | | | | |
| | _ | Il in the details. | | | | | |
| | | | Debtor 1 | | | Debtor 2 | |
| | | | Sources of income Check all that apply. | | income deductions and ons) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | r last calend nuary 1 to D | ar year: ecember 31, 2016) | ■ Wages, commissions, bonuses, tips | | \$80,060.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | | ☐ Operating a business | |

Official Form 107

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Case number (if known)

Document Debtor 1 Charlotte Mitchell

| | | Debtor 1 | | | Debtor 2 | |
|---|---|--|--|---|--|---|
| | | Sources of Check all t | | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For the calend (January 1 to I | | | , commissions, ips | \$68,311.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ■ Operati | ing a business | | ☐ Operating a business | |
| Include inco and other p winnings. If List each so | ome regardless public benefit pa f you are filing a | of whether that incor yments; pensions; re joint case and you har ross income from each | me is taxable. Exa ental income; inter ave income that y | | • | |
| | | Dahtan 4 | | | Dahtan 0 | |
| | | Debtor 1 Sources o Describe b | | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of income Describe below. | Gross income (before deductions and exclusions) |
| For last calend (January 1 to I | | partnersh | , | \$478.00 | | |
| For the calend (January 1 to I | | royalties, partnersh | , | \$68,311.00 | | |
| Part 3: List | Certain Payme | nts You Made Befor | re You Filed for | Bankruptcy | | |
| _ | Neither Debto | Debtor 2's debts prii r 1 nor Debtor 2 has arily for a personal, fa | primarily consu | ımer debts. Consumer debts | s are defined in 11 U.S.C. § 1 | 01(8) as "incurred by an |
| | | , | for bankruptcy, di | d you pay any creditor a tota | of \$6,425* or more? | |
| | | to line 7. | | | | |
| | pa no | id that creditor. Do no t include payments to | ot include paymer an attorney for tl | nts for domestic support oblig nis bankruptcy case. | n one or more payments and ations, such as child support | and alimony. Also, do |
| ☐ Yes. | Debtor 1 or De | ebtor 2 or both have | primarily consu | | or after the date of adjustmer | nt. |
| | _ | to line 7. | ior barillaptoy, ar | a you pay any oroanor a tota | or quote or more. | |
| | ☐ Yes Lis | t below each creditor | mestic support o | | I the total amount you paid th port and alimony. Also, do not | |
| Creditor's | : Name and Ad | dress | Dates of navmo | nt Total amount | Amount you Was this | navment for |

paid

still owe

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| 7. | Within 1 year before you filed for bankrupto | cy, did you make a payme | nt on a debt you o | wed anyon | e who | was an insid | er? |
|-----|---|--|--|--------------------------------|--------------------|-----------------------------------|--|
| | Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | rtners; relatives of any gene control, or owner of 20% or | eral partners; partner more of their voting | erships of wl g securities; | nich you and an | u are a genera ly managing a | al partner; corporations gent, including one for |
| | NoYes. List all payments to an insider. | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount still | - | Reason for | this payment |
| 8. | Within 1 year before you filed for bankruptor insider? Include payments on debts guaranteed or cos | | nents or transfer a | iny propert | y on ac | count of a de | ebt that benefited an |
| | ■ No | | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount still | - | Reason for Include cred | this payment itor's name |
| Pa | rt 4: Identify Legal Actions, Repossession | s, and Foreclosures | | | | | |
| 9. | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No | | , | , | | | • |
| | Yes. Fill in the details. | | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | | Status of th | e case |
| | American Express Centurion Bank vs. HM Charlotte 16 AR 505 | Civil | Will County Clerk 302 N. Chicago Street Joliet, IL 60432 | | Chicago Street | | al |
| | United Biologics, LLC d/b.a United Allergy Labs vs. Northwest Medical Associates 16 M6 006829 | Civil | Cook County Circuit Court Richard J. Daley Center 50 W. Washington, Room 702 Chicago, IL 60602 | | | ■ Pending □ On appeal □ Concluded | |
| | Maya Cotton vs. Charlotte Mitchell et al 2011-L-005509 | Civil | Cook County C | Circuit Cou | ırt | ☐ Pending ☐ On appe ☐ Conclud | |
| | | | | | | 12/28/15 V Dismissed refile | oluntarily I with leave to |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below | | rty repossessed, f | oreclosed, | garnis | hed, attached | l, seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | | |
| | Creditor Name and Address | Describe the Property | | | Date | | Value of the |
| | | Explain what happened | | | | | property |

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| Deb | otor 1 Charle | otte Mitchell | | Document | Page 46 of | 62 Case number (i | if known) | |
|------|--------------------------------|---|-----------|---|---------------------|----------------------|-----------------------------------|----------------------------|
| 200 | Onani | otte mitorien | | | | Caco Hamber (| | |
| | accounts or r ■ No □ Yes. Fill | es before you filed for bank efuse to make a payment b n the details. ne and Address | ecause | | , - | or financial inst | titution, set off any a | amounts from your Amoun |
| | | | | | | | taken | |
| | | before you filed for bankru ted receiver, a custodian, o | | | perty in the poss | ession of an a | ssignee for the bene | efit of creditors, a |
| Part | t 5: List Ce | rtain Gifts and Contribution | s | | | | | |
| 13. | ■ No □ Yes. Fill i | s before you filed for bankr n the details for each gift. total value of more than \$60 | | id you give any g | | alue of more th | Dates you gave | ? Value |
| | Person to W Address: | hom You Gave the Gift and | | | | | the gifts | |
| 14. | ■ No | s before you filed for bankr n the details for each gift or c | | | ifts or contributio | ns with a total | value of more than | \$600 to any charity? |
| | more than \$6 Charity's Na | | | Describe what y | ou contributed | | Dates you contributed | Value |
| Part | t 6: List Ce | rtain Losses | | | | | | |
| | or gambling? | before you filed for bankru in the details. | ptcy or : | since you filed for | r bankruptcy, did | you lose anyth | ning because of thef | t, fire, other disaste |
| | Describe the how the loss | property you lost and coccurred | Include | be any insurance the amount that in ce claims on line 3 | surance has paid. | List pending | Date of your loss | Value of property los |
| Part | t 7: List Ce | rtain Payments or Transfers | 6 | | | | | |
| 16. | Within 1 year consulted ab | before you filed for bankru out seeking bankruptcy or torneys, bankruptcy petition p | ptcy, die | g a bankruptcy p | etition? | | | rty to anyone you |
| | □ No | | | | | | | |
| | Yes. Fill i | n the details. | | | | | | |
| | | Was Paid usite address Made the Payment, if Not Y | ou′ | Description and transferred | value of any prop | perty | Date payment or transfer was made | Amount o paymen |

\$3,055.00 attorney fees plus \$335.00 filing fee plus \$110.00 credit counseling and financial management Sulaiman Law Group, Ltd. 2500 S. Highland Avenue Suite 200 course certificates, merged three Oak Brook, IL 60523 bureau credit report and tax transcripts.

2/2/16

\$3,500.00

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Debtor 1 Charlotte Mitchell

| 17. | Within 1 year before you filed for bankrupto promised to help you deal with your credite. Do not include any payment or transfer that you No Yes, Fill in the details. | ors or to make payment | | alf pay or transfer any prope | erty to anyone who |
|-----|---|---|-------------------------------------|---|---|
| | Person Who Was Paid Address | Description and transferred | value of any property | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your burnel include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details. | ousiness or financial affi nade as security (such as | airs? the granting of a security | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and property transfer | red pa | escribe any property or yments received or debts id in exchange | Date transfer was made |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details. | | ny property to a self-se | ttled trust or similar device | of which you are a |
| | Name of trust | Description and | value of the property tr | ansferred | Date Transfer was made |
| Par | 8: List of Certain Financial Accounts, In | nstruments, Safe Deposi | t Boxes, and Storage l | Jnits | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolute. | or other financial accou | nts; certificates of dep | | |
| | Yes. Fill in the details. | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. | year before you filed fo | r bankruptcy, any safe | deposit box or other depos | sitory for securities, |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | ibe the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit | ĺ | r home within 1 year be | efore you filed for bankrupt | cy? |
| | ■ No □ Yes. Fill in the details. | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | ibe the contents | Do you still have it? |

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Case number (if known) Document

Debtor 1 Charlotte Mitchell

| Pa | t 9: Identify Property You Hold or Control for | Someone Else | | | | | | | | |
|-----|---|--|---------------------------------------|---------------------|--|--|--|--|--|--|
| 23. | Do you hold or control any property that some for someone. | one else owns? Include any proper | ty you borrowed from, are storing fo | r, or hold in trust | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | | | | | |
| Pa | Give Details About Environmental Inform | ation | | | | | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | air, land, soil, surface water, ground | — · | | | | | | | |
| _ | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | l sites. | | | | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | | | | |
| Rep | ort all notices, releases, and proceedings that y | ou know about, regardless of wher | n they occurred. | | | | | | | |
| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? | | | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Code Code | | | | | | | | | |
| 25. | Have you notified any governmental unit of any release of hazardous material? | | | | | | | | | |
| | No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | | | | |
| 26. | Have you been a party in any judicial or admini | strative proceeding under any envi | ronmental law? Include settlements | and orders. | | | | | | |
| | ■ No | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | | | | |
| Pa | t 11: Give Details About Your Business or Cor | nnections to Any Business | | | | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have an | ny of the following connections to an | v business? | | | | | | |
| | ☐ A sole proprietor or self-employed in a | • | | , | | | | | | |
| | ☐ A member of a limited liability company | | · | | | | | | | |
| | ☐ A partner in a partnership | , ,, or militar maximy partition | r v =- / | | | | | | | |
| | ■ An officer, director, or managing execu | itive of a corporation | | | | | | | | |
| | | 21 4 001 pot 441011 | | | | | | | | |

☐ An owner of at least 5% of the voting or equity securities of a corporation

Page 49 of 62 Case number (if known) Document Debtor 1 **Charlotte Mitchell** ■ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: Northwest Medical Associates, Medical 36-3720445 S.C. From-To 8/7/90 to Present 30 E. 15th St. Suite 310 Chicago Heights, IL 60411 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No П Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Charlotte Mitchell Signature of Debtor 2 **Charlotte Mitchell** Signature of Debtor 1 Date October 18, 2017 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

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☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case 17-31374

Doc 1

Filed 10/19/17

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| Fill in this information to identify your case: | | |
|--|---|------------------------------------|
| Debtor 1 Charlotte Mitchell | | |
| First Name Middle Name | Last Name | |
| Debtor 2 (Spouse if, filing) First Name Middle Name | Last Name | |
| United States Bankruptcy Court for the: NORTHERN DIS | STRICT OF ILLINOIS | |
| Case number | | |
| (if known) | | Check if this is an amended filing |
| | | |
| Official Form 108 | | |
| Statement of Intention for Indiv | viduals Filing Under Chapte | r 7 12/15 |
| If you are an individual filing under chapter 7, you must fill creditors have claims secured by your property, or you have leased personal property and the lease has a your must file this form with the court within 20 days ofto | not expired. | t for the meeting of eraditors |
| You must file this form with the court within 30 days afte whichever is earlier, unless the court extends the on the form | r you file your bankruptcy petition or by the date set he time for cause. You must also send copies to the | |
| If two married people are filing together in a joint case, b sign and date the form. | oth are equally responsible for supplying correct in | formation. Both debtors must |
| Be as complete and accurate as possible. If more space write your name and case number (if known). | is needed, attach a separate sheet to this form. On t | he top of any additional pages, |
| Part 1: List Your Creditors Who Have Secured Claims | | |
| For any creditors that you listed in Part 1 of Schedule I | | (Official Form 106D), fill in the |
| information below. Identify the creditor and the property that is collateral | What do you intend to do with the property that | Did you claim the property |
| , | secures a debt? | as exempt on Schedule C? |
| | | |
| Creditor's Caliber Home Loans | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. ■ Retain the property and enter into a | Yes |
| Description of 815 Lincoln Ln. Frankfort, IL 60423 Will County | Reaffirmation Agreement. | |
| securing debt: PIN: 09-20-202-023-0000 | ☐ Retain the property and [explain]: | |
| Value according to www.zillow.com | | |
| Held by Mom's Heart Revocable | | |
| Living Trust owned by Debtor | | _ |
| Creditor's Department of the Treasury | ☐ Surrender the property. | □No |
| name: | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a | ■ Yes |
| Description of 815 Lincoln Ln. Frankfort, IL | Reaffirmation Agreement. | – 165 |
| property 60423 Will County PIN: 09-20-202-023-0000 | ■ Retain the property and [explain]: | |
| Value according to | | |
| | | |
| www.zillow.com Held by Mom's Heart Revocable | avoid lien using 11 U.S.C. § 522(f) | |

Official Form 108

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| Debtor 1 Charlotte Mitchell | Case number (if known) | | |
|--|--|---|--|
| Creditor's Guaranty Bank name: Description of property securing debt: Chicago, IL 60616 Cook County PIN: 17-34-225-003-1103 Value according to www.zillow.com | ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: | □ No ■ Yes | |
| Part 2: List Your Unexpired Personal Property Leas | | | |
| For any unexpired personal property lease that you lis in the information below. Do not list real estate leases You may assume an unexpired personal property leas | . Unexpired leases are leases that are still in effe | ct; the lease period has not yet ended. | |
| Describe your unexpired personal property leases | | Will the lease be assumed? | |
| Lessor's name: | | □ No | |
| Description of leased Property: | | | |
| Troperty. | | ☐ Yes | |
| Lessor's name: Description of leased | | □ No | |
| Property: | | ☐ Yes | |
| Lessor's name: | | □ No | |
| Description of leased Property: | | ☐ Yes | |
| 11.5 | | □ Tes | |
| Lessor's name: Description of leased | | □ No | |
| Property: | | ☐ Yes | |
| Lessor's name: | | □ No | |
| Description of leased Property: | | ☐ Yes | |
| Lessor's name: | | _ | |
| Description of leased | | □ No | |
| Property: | | ☐ Yes | |
| Lessor's name: | | □ No | |
| Description of leased Property: | | ☐ Yes | |
| Part 3: Sign Below | | | |
| Under penalty of perjury, I declare that I have indicated property that is subject to an unexpired lease. | d my intention about any property of my estate th | nat secures a debt and any personal | |
| X /s/ Charlotte Mitchell | X | | |
| Charlotte Mitchell | Signature of Debtor 2 | | |
| Signature of Debtor 1 | | | |
| Date October 18, 2017 | Date | | |

Official Form 108

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-31374 Doc 1 Filed 10/19/17 Entered 10/19/17 16:27:23 Desc Main Document Page 56 of 62

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In r | re Charlotte Mitchell | | Case No | |
|------|---|------------------------------------|--------------------------------|---|
| | | Debtor(s) | Chapter | 7 |
| | DISCLOSURE OF COMPI | ENSATION OF ATTO | RNEY FOR D | EBTOR(S) |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | |
| | For legal services, I have agreed to accept | | \$ | 3,055.00 |
| | Prior to the filing of this statement I have received | | | 3,055.00 |
| | Balance Due | | | 0.00 |
| 2. | \$335.00_ of the filing fee has been paid. | | | |
| 3. | The source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. | The source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 5. | ■ I have not agreed to share the above-disclosed con | npensation with any other persor | unless they are men | mbers and associates of my law firm. |
| | ☐ I have agreed to share the above-disclosed comper copy of the agreement, together with a list of the n | | | |
| 6. | In return for the above-disclosed fee, I have agreed to | render legal service for all aspec | ets of the bankruptcy | case, including: |
| | a. Analysis of the debtor's financial situation, and reneb. Preparation and filing of any petition, schedules, stc. Representation of the debtor at the meeting of credd. [Other provisions as needed] | atement of affairs and plan whic | h may be required; | |
| 7. | By agreement with the debtor(s), the above-disclosed to Representation of the debtors in any deproperty under 11 U.S.C. 722, preparate any other adversary proceeding. | ischargeability actions, reli | ef from stay action | ons, motions to redeem and applications as needed or |
| | | CERTIFICATION | | |
| this | I certify that the foregoing is a complete statement of a bankruptcy proceeding. | ny agreement or arrangement for | or payment to me for | representation of the debtor(s) in |
| | October 18, 2017 | /s/ Joseph S. Da | vidson | |
| _ | Date | Joseph S. David | son | |
| | | Signature of Attorn Sulaiman Law G | | |
| | | 2500 S. Highland | | |
| | | Suite 200 | | |
| | | Lombard, IL 601 | | |
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| | | Name of law firm | | |

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United States Bankruptcy Court Northern District of Illinois

| In re | Charlotte Mitchell | | Case No. | |
|-------|--|---|-----------------------------|----------------|
| | | Debtor(s) | Chapter 7 | |
| | VE | RIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: | 45 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of credit | fors is true and correct to | the best of my |
| Date: | October 18, 2017 | /s/ Charlotte Mitchell Charlotte Mitchell Signature of Debtor | | |

Advanta Bk Welsh and McKean Roads Po Box 844 Spring House, PA 19477

Advanta Bk Po Box 9217 Old Bethpage, NY 11804

American Express Po Box 297871 Fort Lauderdale, FL 33329

Amex Correspondence Po Box 981540 El Paso, TX 79998

Amex
Po Box 297871
Fort Lauderdale, FL 33329

Bank of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Bank of America Po Box 982238 El Paso, TX 79998

Caliber Home Loans Po Box 24610 Oklahoma City, OK 73124

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One 15000 Capital One Dr Richmond, VA 23238 Capital One 15000 Capital One Dr. Richmond, VA 23238

Capital One Bank P.O. Box 6492 Carol Stream, IL 60197

Capital One/Carson Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card
Attn: Correspondence Dept.
Po Box 15298
Wilmington, DE 19850

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Chasmccarthy 705 N. East St. Bloomington, IL 61701

Citi Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63129

Citibank/The Home Depot Citicorp Cr Srvs/Centralized Bankruptcy Po Box 790040 Saint Louis, MO 63129

Citibank/The Home Depot Po Box 6497 Sioux Falls, SD 57117

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Comenity Bank/Express Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Express Po Box 182789 Columbus, OH 43218

Comenity Bank/Harlem Furniture Po Box 182125 Columbus, OH 43218

Comenity Bank/Harlem Furniture Po Box 182789 Columbus, OH 43218

Department of the Treasury Internal Revenue Service Po Box 7346 Philadelphia, PA 19101-7346

Guaranty Bank Attn: Bankruptcy 4000 West Brown Deer Rd Milwaukee, WI 53209

Guaranty Bank 4000 W Brown Deer Rd Milwaukee, WI 53209

Illinois Department of Employment Sec. Po Box 4385 Chicago, IL 60680

Illinois Department of Revenue Bankruptcy Section Po Box 64338 Chicago, IL 60664-0338 Internal Revenue Service Centralized Insolvency Operation Po Box 21126 Philadelphia, PA 19114-0326

Internal Revenue Service Department of Treasury Po Box 7346 Philadelphia, PA 19101

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Kennth J. Donkel 7220 W. 194th St. #105 Tinley Park, IL 60487

Loan To Learn 45610 Woodland Rd. Suite 37 Sterling, VA 20166

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Southwest Credit Systems 4120 International Pkwy. Suite 110 Carrollton, TX 75007

Sst/cigpficorp 4315 Pickett Rd. Saint Joseph, MO 64503

SST/Columbus Bank & Trust Attn: Bankruptcy Dept. Po Box 3997 St Joseph, MO 64503

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Visa Dept Store National Bank/Macy's Po Box 8218
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